

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
2004-016

2. STATE
Florida

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2004

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.40

7. FEDERAL BUDGET IMPACT:
a. FFY 2004 \$(2,140)
b. FFY 2005 \$(7,485)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-C

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 4.19-C

10. SUBJECT OF AMENDMENT:
Paid Bed Reservation Policy

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Will forward when received.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Thomas W. Arnold

14. TITLE:

Deputy Secretary for Medicaid

15. DATE SUBMITTED:

8/31/04

16. RETURN TO:

Mr. Thomas W. Arnold
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308

Attention: Kay Newman

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 7, 2004

18. DATE APPROVED:

October 20, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Renard L. Murray

21. TYPED NAME:

Renard L. Murray, D.M.

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

PAID BED RESERVATION POLICY

Medicaid reimbursable absences from a long-term care institution are described below. All leave must be documented in a resident's plan of care and approved by a physician. With respect to nursing facilities and intermediate care facilities for the developmentally disabled (ICF/DD), payment shall not include bed-hold days except in facilities with occupancy rates of 95 percent or greater.

A. INPATIENT HOSPITALIZATION Up to 8 days per hospitalization for each nursing facility resident approved for the institutional care program (ICP). Up to 8 days per hospitalization for each hospice enrolled nursing home resident approved for the institutional care program (ICP). Up to 15 days per hospitalization for each state mental hospital (age 65 years and older) resident or ICF/DD resident approved for the institutional care program (ICP). There is no annual maximum. ICF/DD residents are not entitled to an additional 15 days of hospitalization immediately following an infirmity stay. One day is described as an overnight stay from the facility. For ICF/DD residents, Hospitalizations are reimbursed but are not considered bed hold days.

B. INFIRMARY STAYS FOR ICF/DD RESIDENTS Up to 15 consecutive days per infirmity stay, with an annual maximum of 30 days for each ICF/DD resident approved for the institutional care program (ICP). The reason for the infirmity stay must be documented by the attending physician and described in the resident's plan of care. At the completion of infirmity stay, residents must be returned to the ICF/DD, hospitalized or discharged from the ICF/DD. One day is described as an overnight stay from the facility. Infirmity stays are reimbursed but are not considered bed hold days.

C. THERAPEUTIC LEAVE DAYS Therapeutic leave means a resident leaves the facility to go to a family-type setting and not to another facility. Family type settings include a private home, boarding home or assisted living facility. One day of therapeutic leave is described as an overnight stay from the facility.

- (1) Nursing Facility Residents: Up to 16 days per state fiscal year (July 1 through June 30).
- (2) State Mental Hospital Residents (age 65 years and older): Up to 30 days per state fiscal year (July 1 through June 30). Each visit over three consecutive days must be prior authorized.
- (3) ICF/DD residents: Up to 45 days per state fiscal year (July 1 through June 30). The district DS program office must authorize therapeutic leave. Therapeutic leave will not be approved if the resident's therapy would be seriously affected. Therapeutic leave days are reimbursed but are not considered bed hold days.
- (4) Nursing Facility Residents Enrolled in a Hospice: Up to 16 days per state fiscal year (July 1 through June 30).

Amendment: 04-016
Supersedes: 2003-22
Effective: 07/01/04
Approved: 10/20/04